

IDAHO STATE BOARD OF COSMETOLOGY

Bureau of Occupational Licenses

1109 Main Street, Suite 220

Boise, Idaho 83702-5642

cos@ibol.state.id.us

APPLICATION FOR RE-EXAMINATION

Complete this form by providing (please print) the requested information and submit it to the address noted above. The signature of the applicant must be notarized. The completed application together with any required documentation and the fee (\$75.00) must be received before you will be scheduled for re-examination. Applicants who elect to take the written examination by computer MUST make application for re-examination to the Board, pay the required examination fee, and receive a Notification of Examination letter. The computer examination results will NOT BE VALID for any applicant who has not submitted the required application and fee to the Board. FEES ARE NONREUNDABLE. Returned checks are subject to a \$20.00 collection fee.

I wish to be registered to re-take all or part of the licensure examination noted below: (please check one)

☐ Cosmetology ☐ Esthetician ☐ Nail Technology ☐ Electrology ☐ Instructor

1. **Full Name (Mr., Mrs., or Ms.)** _____

2. **Address of Record** _____

(The above address is public record) Street City State Zip

3. **Mailing address** _____

(The above address is not public record) Street City State Zip

4. **Social Security No.** _____ - _____ - _____ **Home phone number** (____) _____ **E-mail** _____

5. **Were you required to obtain any additional instruction?** ☐ Yes ☐ No

(If yes, a final record of instruction must be received before you will be eligible to sit for re-examination.)

A.D.A. NOTICE

If you have a disability as defined under the Americans with Disabilities Act, and you require special accommodation, please attach a written request for special accommodation that identifies the specific services that are being requested to meet your special needs. A request for special accommodation must be accompanied by current medical documentation identifying your disability and supporting the need for the accommodations being requested.

AFFIDAVIT

I hereby certify under penalty of perjury that I am the person named above and that I have no infectious or contagious disease which may pose a threat to the general public and that I am of good moral character and temperate habits. I further certify that the information provided on and attached to this application is true and accurate to the best of my knowledge and belief. I further certify that, if this is my first re-examination, I have completed a full review of the NIC Practical and/or the NIC Theory and/or the Idaho State Laws & Rules as required for re-examination. I hereby authorize and direct any person, agency, firm, or other entity to release to the Bureau of Occupational Licenses or its identified agent any and all information, communications recommendations, reports, records, statements, or disclosures, whether public, privileged or confidential, that may relate to my professional qualifications or credentials or that may have bearing on my eligibility for licensure.

Signature of applicant

State of _____, County of _____, ss.

Subscribed and sworn before me this _____ day of _____, 20 _____.

(seal)

Notary Public official signature
my commission expires _____